

Attorney's Docket No. \_\_\_\_\_

PATENT

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**COMBINED DECLARATION AND POWER OF ATTORNEY  
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION OR C-I-P)**

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As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type:

*(check one applicable item below)*

- ☒ original.  
☐ design.  
☐ supplemental.

**NOTE:** If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.  
☐ national stage of PCT.

**NOTE:** If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR C-I-P.  
☐ divisional.  
☐ continuation.  
☐ continuation-in-part (C-I-P).

**INVENTORSHIP IDENTIFICATION**

**WARNING:** If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor *(if only one name is listed below)* or an original, first and joint inventor *(if plural names are listed below)* of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

Method and arrangement for using a selected signal processing scheme to carry information

006T90.0265560

[illegible]

(complete (a), (b) or (c))

- (c) \_\_\_ was described and claimed in PCT International Application No. \_\_\_\_\_,  
filed on \_\_\_\_\_ and as amended under PCT Article 19 on  
\_\_\_\_\_ (if any).

(Declaration and Power of Attorney [1-1]-page 2 of 6)

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION  
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

COUNTRY(OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119	
FINLAND	991414	21 June 1999	<u>X</u> YES	NO__
			__ YES	NO__
			__ YES	NO__
			__ YES	NO__
			__ YES	NO__

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)  
(34 U.S.C. § 119(e))**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S)  
UNDER 35 U.S.C. 120**

\_\_\_ The claim for the benefit of any such applications are set forth in the attached  
ADDED PAGES TO COMBINED DECLARATION AND POWER OF  
ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN  
PART (C-I-P) APPLICATION.

**ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

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**NOTE:** If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR C-I-P APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

**POWER OF ATTORNEY**

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

*(list name and registration number)*

Clarence A. Green	(24,622)
Harry F. Smith	(32,493)
Mark F. Harrington	(31,686)

*(check the following item, if applicable)*

☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

Clarence A. Green  
Perman & Green  
425 Post Road  
Fairfield, Ct 06430

DIRECT TELEPHONE CALLS TO:  
*(Name and telephone number)*

Clarence A. Green  
203-259-1800

**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

006T50"02656560

## SIGNATURE(S)

**NOTE:** Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

### *Full name of sole or first inventor:*

Given name: Guillaume  
Middle initial or name:  
Family (or last name): SEBIRE

**Inventor's signature:** 

**Date:** May 29th, 2000

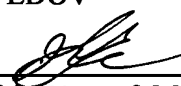
**Country of Citizenship:** France

**Residence:** Luotsikatu 16 A 6, FIN-00160 HELSINKI, Finland

**Post Office Address:** Luotsikatu 16 A 6, FIN-00160 HELSINKI, Finland,  
Pursiuehenkatu 16A6, FIN-00150 HELSINKI

### *Full name of second joint inventor, if any:*

Given name: Nikolai  
Middle initial or name:  
Family (or last name): NEFEDOV

**Inventor's signature:** 

**Date:** 29 May 2000

**Country of Citizenship:** Russian Federation

**Residence:** Sunantie 19 I 26, FIN-02760 ESPOO, Finland

**Post Office Address:** Sunantie 19 I 26, FIN-02760 ESPOO, Finland

### *Full name of third joint inventor, if any:*

Given name:  
Middle initial or name:  
Family (or last name):

**Inventor's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_

**Residence:** \_\_\_\_\_

**Post Office Address:** \_\_\_\_\_

### *Full name of fourth joint inventor, if any:*

Given name:  
Middle initial or name:  
Family (or last name):

**Inventor's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_

**Residence:** \_\_\_\_\_

**Post Office Address:** \_\_\_\_\_

006T50-0255560

GS. 29.5.2000

(check proper box(es) for any of the following added page(s)  
that form a part of this declaration)

\_\_\_ Signature for fifth and subsequent joint inventors. Number of pages added \_\_\_\_.

\* \* \*

\_\_\_ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added \_\_\_\_.

\* \* \*

\_\_\_ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added \_\_\_\_.

\* \* \*

\_\_\_ Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47)

\* \* \*

\_\_\_ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.

\_\_\_ Number of pages added \_\_\_\_

\* \* \*

\_\_\_ Authorization of attorney(s) to accept and follow instructions from representative.

\* \* \*

(if no further pages form a part of this Declaration,  
then end this Declaration with this page and check the following item)

X This declaration ends with this page.